

Express Mail Label No. E1693135049US

DOCKET: CU-2782

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

APPLICANT: Olivier CARLI )  
SERIAL NO: 10/009,998 )  
TITLE: IMPLANT FOR AN OSTEOSYNTHESIS DEVICE, )  
IN PARTICULAR FOR THE SPINE )  
COMPLETION OF PCT/FROO/01644 filed 14 June 2000 )

The Commissioner for Patents (DO/EO/US)  
Box PCT  
Washington, D.C. 20231

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS  
& SUBMITTAL OF COMBINED DECLARATION & POWER OF ATTORNEY**

Dear Sir:

This is in response to the notice dated February 25, 2002, to file missing parts of application, a copy of which is attached.

Simultaneously herewith, applicant is filing a request for a four month extension, effectively extending the term for response from April 25, 2002 up to August 25, 2002.

Applicant submits herewith the original Combined Declaration & Power of Attorney.

Also enclosed is check in the amount of \$130 to cover the government fee for late filing of the Combined Declaration & Power of Attorney. Should any additional fee be deemed necessary, the Commissioner is authorized to charge our Deposit Account No. 12-0400.

With regard to the objection regarding the English translation of the international application, it is respectfully submitted that the translation furnished on December 14, 2001 is identical to that of the published PCT international application. 11 claims appear in the French text of the PCT international application as published as well as the English text translation as submitted on December 14, 2001, noting the dependencies as follows:

-2-

<u>Claim</u>	<u>depends</u>	<u>#claims</u>
1	Ind.	1
2	1	1
3	1	1
4	3	1
5	2, 3 or 4	3
6	1, 2 or 4	3
7	1 or 5	4
8	1	1
9	2 and 8	2
10	9	2
11	8	1
		<u>20</u>

It is believed that no additional claim fees are due as the multiple dependent claim fee has already been paid.

Respectfully submitted,

August 22, 2002

Date

1/27

Brian W. Hameder  
Attorney for Applicant

Brian W. Hameder, Reg. 45613  
c/o Ladas & Parry  
224 South Michigan Avenue  
Chicago, Illinois 60604  
(312) 427-1300

21 OCT '02 19:02 BEAU DE LOMENIE LYON

P.37

Docket:

PATENT

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

- ☐ original  
☐ design  
☐ supplemental

Note: If the Declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.

- ☒ national stage of PCT

Note: If one of the following 3 items apply, then complete and also attach **ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP**.

- ☐ divisional  
☐ continuation  
☐ continuation-in-part (CIP)

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

AN IMPLANT FOR AN OSTEOSYNTHESIS DEVICE IN PARTICULAR FOR  
THE SPINE

Certification of Facsimile Transmission

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent & Trademark Office to Fax No. (703)306-3230 on September 4, 2002 (3 pages).

Debra M. Szumowski  
Name

Signature

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**CONFIRMATION COPY**

REQUEST FOR REFUND OF CHARGES TO DEPOSIT ACCOUNT

Dear Sir:

On August 27, 2002, the undersigned's Deposit Account was charged \$292 with respect to the surcharge for furnishing the English translation as well as for additional claims over twenty.

It is believed that these charges are erroneous. Reference is made to paragraph 5 of our Response submitted on August 22, 2002. The English translation of the PCT international application was timely submitted on December 14, 2001 and no surcharge should be deemed necessary. The charge in the amount of \$130 should be refunded.

In addition, it is believed that there are no additional claims over 20 and accordingly, the extra claim fee of \$162 (code 966) charged to our Deposit Account should be refunded as well. Should the Office believe there are additional claims over twenty, applicant respectfully requests the Office to furnish a copy of the Claim Fee Calculation Sheet used in determining the number of claims.

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In view of the foregoing, it is respectfully requested that our Deposit Account No. 12-0400 be refunded in the total amount of \$292.

Respectfully submitted,

September 4, 2002

Date

/s

Brian W. Hameder  
Attorney for Applicant

Brian W. Hameder, Reg. 45613  
c/o Ladas & Parry  
224 South Michigan Avenue  
Chicago, Illinois 60604  
(312) 427-1300

## Deposit Account Statement

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08/20 49	E-REPLENISHMENT	701		-\$3,000.00	\$4,087.57
08/20 541	78155808	381		\$650.00	\$3,437.57
08/20 591	78155826	361		\$325.00	\$3,112.57
08/20 707	78155895	381		\$325.00	\$2,787.57
08/20 718	78155902	381		\$325.00	\$2,462.57
08/21 1	09202806	CU-1832	179	\$740.00	\$1,722.57
08/21 22	PAYMENT	701		-\$5,000.00	\$6,722.57
08/21 384	78156181	381		\$325.00	\$6,397.57
08/23 56	887176	588		\$420.00	\$5,977.57
08/26 565	75704299	704		-\$275.00	\$6,252.57
08/27 1	09960088	CU-2669RJS	115	\$110.00	\$6,142.57
08/27 1	09857871	CU-2558 RJS	116	\$400.00	\$5,742.57
08/27 284	10009998	CU-2782RJS	156	\$130.00	\$5,612.57
08/27 285	10009998	CU-2782RJS	966	\$182.00	\$5,450.57
08/28 1	09367445	CU-1984 TFP	115	\$110.00	\$5,340.57
08/28 2	09367445	CU-1984 TFP	179	\$740.00	\$4,600.57
08/28 5	1723014	385		\$100.00	\$4,500.57
08/28 32	09758904	704		-\$300.00	\$4,800.57

START	SUM OF	SUM OF	END
BALANCE	CHARGES	REPLENISH	BALANCE
\$6,042.57	\$13,722.00	\$12,480.00	\$4,800.57

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